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Working together to support our collective future

Incoming College President Kathleen May, MD, FAAAAI, plans to work toward College initiatives that sustain the future of our specialty.

There are so many areas I believe are important to the future of the allergy-immunology specialty. I am fortunate to have been involved with both of my predecessors' initiatives to emphasize advocacy and promote the value of fellowship-trained, board-certified allergists. In my view, they all point to one overarching goal that we all share. As a newly minted program director, but one rooted in more than 20 years of community practice, creating a College that sustains the future of our specialty is my primary focus.

How do we get there? There are many ways to support this, but main tenets include:

- Continuing to support the pipeline of talented candidates for fellowship.
- Supporting our program directors to train a well-qualified future workforce.
- Emphasizing education and lifelong learning for our community (practices).
- Creating an environment where allergy practices can have the opportunity to both educate and attract talented candidates to the field.



Kathleen May, MD, FAAAAI

In the coming year, I would like to assist interested community allergists to create medical educational opportunities in their own practices - for medical students, residents, and possibly fellows if their local training program agrees. This important work not only raises both the visibility of our specialty, but also creates an opportunity to ensure

we continue to have an excellent candidate pool, and one that is increasingly diverse. For allergists who become involved in teaching,

see **FUTURE**, page 6



Explore the latest A/I research with ePosters

Your last chance to review ePosters in the exhibit hall is Sunday, until the hall closes at 1:30 pm. View both research and medically challenging case abstracts. The ePosters are interactive, easy to read and searchable by topic, author and title during exhibit hall hours.

If you want to learn more about the abstract's topic or author, plan to attend ePosters: Meet the Authors on Sunday from 11:35 am - 1:00 pm.

You can also explore all ePosters 24/7 on the Annual Meeting app and online at college.acaaai.org/e posters now and for several months after the meeting.

All abstracts selected for presentation are published in the special *Annals of Asthma, Allergy and Immunology* supplement you received at registration. ●

YOU'RE INVITED **PRODUCT THEATER (non-CME)**

Join us live at ACAAI 2022 for our program
"Challenges Associated with Respiratory Viral Infections in Patients with Primary Immunodeficiency: An Expert Discussion & Real-World Experience"

Sunday, November 13, 2022 • 9:35 AM to 10:00 AM ET
 ACAAI • Kentucky International Convention Center
 Product Theater #1, Exhibit Hall, Upper Concourse

Presenter
Bob Geng, MD
 Rady Children's Hospital
 University of California, San Diego

ADMA BIOLOGICS

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The Product Theater content and views expressed therein do not necessarily reflect the views, policies or position of the American College of Allergy, Asthma & Immunology.

ONLINE GAMING ACTIVITY

Phenotypic Presentations and the Management of Moderate-to-Severe Asthma



Test your knowledge and confidence in the management of moderate-to-severe asthma with this online, interactive gaming activity. In this activity you will answer questions on treatment options and clinical scenarios. Based on the confidence in your answers, place wagers to earn more points and reach the top of the leaderboard.



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This activity is supported by an independent medical education grant from Regeneron Pharmaceuticals, Inc. and Sanofi.

ACAAI members honored for their contributions to the College and the A/I specialty

The College is pleased to announce the recipients of our 2022 awards. Honorees will be recognized at the Annual Business Meeting on Sunday afternoon.

Distinguished Fellows

David I. Bernstein, MD, FAAAAI, is professor emeritus of medicine in the Division of Immunology and Allergy at the University of Cincinnati College of Medicine, where he is associate director of the allergy fellowship training program. Dr. Bernstein has a long history of academic research, including authoring or co-authoring more than 270 original publications. He has significantly contributed to our understanding of risks associated with SCIT as well as the impact of occupational and environmental exposures on asthma.



William S. Silvers, MD, FAAAAI (Emeritus), is clinical professor of medicine, allergy, clinical immunology and faculty affiliate of the Center for Bioethics and Humanities at University of Colorado, Anschutz Medical Campus. He is the founder of Allergists for Israel and is a former allergy fellow at National Jewish.



Distinguished Service Awards

Bill Finerfrock is former president and owner of Capitol Associates, which has guided the College's Advocacy Council in regulatory and legislative areas for many years. Capitol Associates monitors actions from the administration, Congress and or governmental agencies that could impact allergy/immunology. In his career, Bill has worked for two U.S. Senators.



John R. Seyerle, MD, FAAAAI, in private practice at Allergy and Asthma Care in Cincinnati, OH and Richmond, IN. He is a member of the ACAAI Board of Regents. He has served as the College's alternate-delegate to AMA's House of Delegates since 2013.

Lelia Sublett is a long-time member of the ACAAI Alliance. She was Alliance president in 2015-16 and is currently Alliance co-president.



International Distinguished Fellow

M. Antonella Muraro, MD, PhD, is chief of the Food Allergy Referral Center at Padova University Hospital in Padova, Italy; professor of Food Allergy at Padova University School of Medicine and consultant pediatric allergist at the Department of Woman and Child Health, Padova University Hospital. She was EAACI president in 2015-2017 and is currently a member of the executive committee of the Global Allergy and Asthma Network of Centres of Excellence.



Woman in Allergy Award

Vivian P. Hernandez-Trujillo, MD, FAAAAI, is founder of the Allergy and Immunology Care Center of South Florida. She is clinical professor of pediatrics at the Herbert Wertheim School of Medicine/Florida International University. She is the fellowship training program director and division director of allergy/immunology at Nicklaus Children's Hospital in Miami, Florida.



Executive Medical Director Award

Katerina Barcal, MPH, is ACAAI director of administration and has been with the College since 2015. As director of administration, Kate oversees the College's governance and plays a key role in strategic planning, committee engagement and leadership development. She also serves as a liaison to many committees under the Administrative, Science and Membership Councils. ●



Meet your 2022-23 candidates for election

During the 2022 Annual Business Meeting, our current president-elect will become the College's president. ACAAI Fellows will elect a president-elect, vice president and treasurer for one-year terms. They will also elect three regents for three-year terms to succeed Kevin R. Murphy, MD, FAAAAI, John Seyerle, MD, FAAAAI and J. Wesley Sublett, MD, MPH, FAAAAI. We believe the nominees proposed by the Nominating Council embody the philosophy of their predecessors, whose combined efforts have made the College the success it is today. The Board of Regents recommends your support for the following slate:

Kathleen R. May, MD, FAAAAI

President | Augusta, GA

Current academic/professional positions: Dr. May is division chief of Allergy-Immunology and Pediatric Rheumatology at the Medical College of Georgia at Augusta University, the Betty B. Wray, MD Chair in pediatrics, associate professor of pediatrics and medicine, and serves as the training program director for the Allergy-Immunology Fellowship Program. Before her teaching career, she was in private practice for more than 20 years.

"I have a unique perspective on the trends and challenges we face, given my background in a small, rural community practice for more than 20 years, as well as in an academic practice, training allergist-immunologists for our future. There are opportunities and challenges that span across community and academic practice settings, and as president I hope to continue our important initiative to raise the visibility of our specialty to those in primary care, as well as expanding options for education/teaching in community allergy practices."



Gailen D. Marshall, Jr., MD, PhD, FAAAAI

President-elect | Jackson, MS

Current academic/professional positions: Dr. Marshall is the R. Faser Triplett Sr, MD, Chair of Allergy and Immunology; executive director of the Mississippi Clinical Research and Trials Center; medical director for the Clinical Research Support Program; vice chairman of research, department of medicine; director, division of allergy, asthma and clinical immunology, department of medicine and professor of medicine, pediatrics, pathology and population health sciences, all at the University of Mississippi Medical Center in Jackson, MS.

"I will be delighted to serve as president-elect of the ACAAI to further our mission as the premier professional advocate for our patients, our training programs and our practicing clinicians, both community-based and academic. The College has a bright future in developing and implementing care for patients with allergy, asthma and/or immune-based diseases. I am honored to continue as part of the leadership team fully committed to accomplishing these goals with sustainable programs."



James M. Tracy, DO, FAAAAI

Vice president | Omaha, NE

Current academic/professional positions: Dr. Tracy is in private practice in Omaha, NE with Allergy, Asthma and Immunology Associates, P.C. He is associate clinical professor of pediatrics, University of Nebraska.

"As the past chairman for the Advocacy Council and ACAAI Treasurer for the last two years, it has been my pleasure to serve members of ACAAI Community. As we move into 2023, it is my goal as ACAAI vice president to continue supporting the needs of the practicing allergist as well as the allergist educator, both informally and in the formal academic teaching arena. Just as we have persevered through 2021 and 2022, what we have learned about ourselves, our profession and our College will in the end be what makes us better stewards to our chosen profession and the patients we serve. Serving our patients, their families, our College and our specialty should be our goal. To that end, we each need to endeavor to 'find our own voice,' and add that voice to the chorus of growth and change, making the world a better and healthier place to live."



Cherie Y. Zachary, MD, FAAAAI

Treasurer | Eagan, MN

Current academic/professional position: Dr. Zachary is in private practice in Eagan, MN.

"I appreciate the opportunity to work with the leadership of ACAAI and the allergist community as we continue to advance the practice of allergy in both the private and public sector for the benefit of our patients."



Jeremy S. Katcher, MD, FAAAAI

Regent | St. Louis, MO

Current academic/professional position: Dr. Katcher is in private practice in St. Louis, MO with Gateway Asthma & Allergy Relief, Esse Health.

"I am humbled and excited for the opportunity to join the Board of Regents. In a health care system where allergists face increasing challenges, I look forward to working on strategies to improve the careers of our membership and foster the success of our specialty."



Travis A. Miller, MD, FAAAAI

Regent | Roseville, CA

Current academic/professional positions: Dr. Miller is in private practice in Roseville, CA and serves as CEO and medical director of The Allergy Station.

"I am honored for the opportunity to serve with the ACAAI Board and leadership and the allergist community, helping allergists and their teams adapt to the challenges of an ever-changing practice environment and excel in practice and caring for their patients."



Meagan W. Shepherd, MD, FAAAAI

Regent | Huntington, WV

Current academic/professional position: Dr. Shepherd is in private practice in Huntington, WV.

"I am thankful for the work of ACAAI in promoting the sanctity of the practice of allergy/immunology and above all, excellence in patient care, and I am honored to be able to help serve." ●





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Fire up your Sunday with interesting sessions

Thomas B. Casale, MD, FAAAAI will present the 2022 Edward J. O'Connell Memorial lecture at Sunday's Plenary – Practicing Allergy/Immunology Into the Future on Sunday at 8:00 am. His lecture is titled **"What Does the Landscape of Therapeutics Look Like in Allergy Practice?"** Dr. Casale is a professor of medicine and pediatrics and chief of clinical and translational research at the University of South Florida Division of Allergy and Immunology in Tampa and former ABAI chair.

The annual Edward J. O'Connell Memorial Lecture Award honors the legacy of Dr. O'Connell, a past president of the College (1990-1991), who was a caring, compassionate physician with a life-long passion for serving children. He was an adept educator and authored nearly one hundred original articles, along with many book chapters related to allergy and immunology.

Ready for something different? Sunday features some unusual session formats. Plan to attend

"7 for 11 - Hot Topics in A/I" on Sunday at 10:00 am. In this joint session with ACAAI and AAP Section on A/I, seven presenters have just 11 minutes to deliver insightful, targeted and dynamic information on their assigned topics – anaphylaxis, asthma, biologics, epidemiology, food allergy and immunology.

"Jeopardy: What's that Rash, Doctor" on Sunday at 1:00 pm is a quiz-show format to help attendees develop a better understanding of skin conditions. ●

FUTURE

Continued from page 1

it also creates a special opportunity that may lead them to realize a passion for education, in addition to enhancing their own learning. Further, we know that working with learners in any phase of medical education increases professional satisfaction and, as a side benefit, reduces burnout. I can attest that as a new program director, seeing medicine through new eyes is refreshing - and quite honestly, fun!

I also believe in continuity of initiatives from president to president, as each goal does not stand alone. Therefore, I will be continuing to promote the importance of our Advocacy Council (soon to be under the direction of Past President Dr. J. Allen Meadows), which is key to keeping us properly credited and reimbursed for the work we do; and emphasize the importance of fellowship training and board certification, which underscores the quality that we as allergists bring to our patients (an initiative of Immediate Past President Dr. Mark Corbett). I will be working with President-elect Dr. Gailen Marshall to identify practice opportunities and synergies for clinical research and scholarly activity, in addition to asking us all to support the important work of the Community Grants Initiative of the ACAAI Allergists' Foundation.

Let's work together to support our collective future. ●

Before the exhibit hall closes...

Stop by the College Resource Center and explore the benefits of your membership

Your College membership comes with a lot of benefits. Stop by the College Resource Center to learn about the College's resources, latest programs, the work of the Advocacy Council, the Allergists' Foundation, and more! Not a member yet? The College Resource Center is a great place to learn about membership.

- See what's new in the **College Learning Connection** – your online home for professional development and in the **Practice Management Center** – your online source for your practice needs.
- Learn how the **Advocacy Council** is

working for practicing allergists.

- Support the work of **The Allergists' Foundation**.
- Stop by our social media station, where we'll help you create a video to post on your own social media account. Find us in the exhibit hall! **The College Resource Center is booth 901**. The booth is open on Sunday from 9:00 am – 1:00 pm. ●



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& Immunology





EXHIBITOR LISTING

AbbVie 729	Blueprint Medicines..... 405	Horizon Therapeutics 704	OptiNose, Inc. 435
AbbVie Commercial 843	BPL 614	Immune Deficiency Foundation 624	Option Care Health..... 709
ADMA Biologics 954	Brevium 628	Incyte Corp. 445	Optum Infusion Pharmacy 757
Advocacy & Awareness for Immune Disorders Association (AAIDA)..... 637	Chiesi Global Rare Diseases 616	kaléo 738	Orsini Specialty Pharmacy..... 644
Aimmune Therapeutics 1223	Cogent Biosciences 856	Klara 629	Pfizer Derm 1016
ALK..... 723	College Resource Center 901	Lincoln Diagnostics 1141	Pfizer IG..... 1140
Allergenis 523	coVita..... 1151	Medi Lazer 623	Pharming Healthcare..... 1234
Allergists For Israel 736	CSL Behring..... 1035	MedicoCX..... 857	PulmOne Advanced Medical Devices..... 735
Allergy & Asthma Network 635	CSL Behring Medical Affairs 834	Meditab Software, Inc.- Allergy EHR 1055	Rabbit Air 711
Allergy & Asthma Proceedings 855	CVS Health..... 611	Methapharm Inc. 542	Regeneron Pharmaceuticals/ Sanofi Genzyme 522; 1107
Allergy Partners, PLLC 625	Cycle Pharmaceuticals Ltd 1155	MGC Diagnostics 705	Sanford Health..... 707
AllerVie Health 1147	DBV Technologies 804	Micro Direct, Inc..... 850	SENTA Partners 840
Altus Biologics..... 519	EczemaWise..... 708	Mission: Allergy, Inc. 1041	SmartPractice 1154
Aluna..... 755	Else Nutrition 710	Modernizing Medicine 605	Snot Force Alliance, Inc..... 622
American Board of Allergy & Immunology (ABAI)..... 751	Elsevier 734	ModuleMD, LLC..... 805	Stallergenes Greer 807; 810
Amgen/AstraZeneca Pharmaceuticals, LP 1023	Food Allergy & Anaphylaxis Connection Team (FAACT) 838	Molekule 639	Takeda 907
Ars Pharmaceuticals, Inc..... 543	Food Allergy Research Education 846	Morgan Scientific, Inc..... 844	Takeda: Alpha-1 904
Aspire Allergy and Sinus..... 808	Genentech 823	MotherToBaby..... 527	Teva Pharmaceuticals..... 906; 923
AstraZeneca 529	GlaxoSmithKline..... 835	National Association of Medication Access and Patient 848	Thermo Fisher Scientific..... 726
AstraZeneca 443	Grifols USA, LLC 722	National Jewish Health 626	THORASYS Thoracic Medical Systems Inc..... 854
AstraZeneca Pharmaceuticals, LP.... 815	Healix Infusion Therapy..... 836	NeilMed Pharmaceuticals, Inc..... 1045	World Allergy Organization (WAO) 1157
BioCryst Pharmaceuticals, Inc. 1049	Helen of Troy/Kaz USA, Inc..... 725	Novartis Pharmaceuticals Corporation - Ilaris 1144	X4 Pharmaceuticals..... 609
	Hikma Specialty USA Inc 515	OIT Connect 525	
	HollisterStier Allergy 955		

Map brought to you by GlaxoSmithKline, Booth 835

RSV IN OLDER ADULTS—WHAT'S THE RISK?

Find out at RSVInAdults.com

Respiratory syncytial virus (RSV) is a common and contagious virus that typically produces mild, cold-like symptoms but can put older adults at risk for severe outcomes.^{1,2}

References: 1. Mesa-Frias M, Rossi C, Ermond B, et al. Incidence and economic burden of respiratory syncytial virus among adults in the United States: a retrospective analysis using 2 insurance claims databases. *J Manag Care Spec Pharm.* 2022;28(7):753-765. doi:10.18553/jmcp.2022.21459 2. Older adults are at high risk for severe RSV infection. Centers for Disease Control and Prevention. Accessed June 23, 2022. <https://www.cdc.gov/rsv/high-risk/older-adults.html>

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RSV MAY RAISE THE STAKES FOR OLDER ADULTS



Respiratory syncytial virus (RSV) is a common and contagious virus that typically produces mild, cold-like symptoms but can put older adults at risk for severe outcomes.^{1,2,*}

Each year in the US, approximately 177,000 older adults are hospitalized and an estimated 14,000 of them die due to RSV infection.²

*The CDC states that adults at highest risk for severe RSV infection include older adults, especially those 65 years and older, adults with chronic heart or lung disease, and adults with weakened immune systems. Data are limited in assessing the risk of severe outcomes due to RSV infection in adults 60-64 years of age.^{3,4}

CDC=Centers for Disease Control and Prevention;
CHF=congestive heart failure; COPD=chronic obstructive pulmonary disease.

References:

1. Mesa-Frias M, Rossi C, Emond B, et al. Incidence and economic burden of respiratory syncytial virus among adults in the United States: a retrospective analysis using 2 insurance claims databases. *J Manag Care Spec Pharm*. 2022;28(7):753-765. doi:10.18553/jmcp.2022.21459 2. Older adults are at high risk for severe RSV infection. Centers for Disease Control and Prevention. Accessed June 23, 2022. <https://www.cdc.gov/rsv/high-risk/older-adults.html> 3. Tseng HF, Sy LS, Ackerson B, et al. Severe morbidity and short- and mid- to long-term mortality in older adults hospitalized with respiratory syncytial virus infection. *J Infect Dis*. 2020;222(8):1298-1310. doi:10.1093/infdis/jiaa361 4. Belongia EA, King JP, Kieke BA, et al. Clinical features, severity, and incidence of RSV illness during 12 consecutive seasons in a community cohort of adults ≥60 years old. *Open Forum Infect Dis*. 2018;5(12):ofy316. doi:10.1093/ofid/ofy316



Learn about the risks of RSV at RSVinAdults.com

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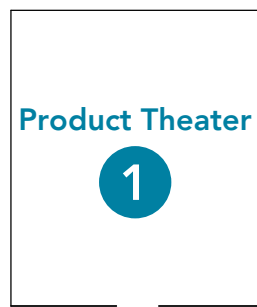
Entry / Exit

Seating Area



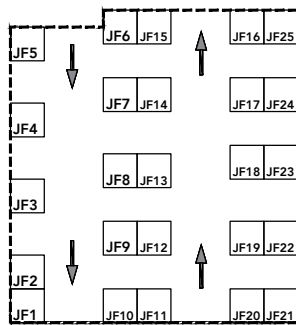
Entry / Exit

Seating Area



Entry / Exit

Doctors' Job Fair



ePosters Meet the Authors



Concession Stand



Pharming Healthcare 175

Blueprint Medicines 169

Regeneron 987

Regeneron 989

Regeneron 993

GSK 1059

Regeneron 485

AstraZeneca Pharmaceuticals 479

AbbVie 493

Amgen/AstraZeneca Pharmaceuticals LP 979

BioCryst Pharmaceuticals, Inc. 985

F&B 455

754

Optum Infusion Pharmacy 757, Aluna 755

856, THOMAS T. Medical Systems Inc. 854

Advanced Infusion Care 956, ADMA Biologics 954

HollisterStie Allergy 955

MediTab Software Inc. Allergy EHR 1156, SmartPractice 1154

1157, Cycle Pharmagroup 1155

F&B 1247

Incyte Corp. 445, AstraZeneca 443, Methapharm Inc. 542

Orsini Specialty Pharmacy 545, Ars Pharmaceuticals, Inc. 543

F&B 648

Micro Direct, Inc. 850, National Pharmaceutical Research Education 848, Food Allergy Research Education 846

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GlaxoSmithKline 835

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Regeneron Pharmaceuticals/Sanofi Genzyme 522

AstraZeneca 529, Brevium 628, National Jewish Health 527, Immune Deficiency Foundation 525, Sanofi 624, Sanofi 622

Kiara 629, Thermo Fisher Scientific 726, Grifols USA, LLC 625, ALK Abello Inc. 623, Thermo Fisher Scientific 722

AbbVie 729, Helen of Troy/Kaz USA, Inc. 725, ALK Abello Inc. 723

Genentech 823

925

Teva Pharmaceuticals 923

Amgen/AstraZeneca Pharmaceuticals, LP 1023

Aimmune Therapeutics 1223

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Chiesi Global Rare Diseases 519, Hikma Specialty USA Inc 616, BPL 515, BPL 614

F&B 716

AstraZeneca Pharmaceuticals, LP 815

Pfizer Derm 1016

Regeneron Pharmaceuticals/Sanofi Genzyme 1107



Entry / Exit

Blueprint Medicines 405

CVS Health 611, Else Nutrition 710, Horizon Therapeutics 609, Moderna Therapeutics 706

Rabbit Air 711, Option Health 709, Horizon Therapeutics 707, MCC Diagnostics 705

Stallergene Green 810, Aspire Allergy and SIRUS 808, Takeda Alpha-1 807, Takeda Alpha-1 904

Takeda 907

College Resource Center 901

ENTRANCE

Igniting interest in the A/I specialty

We welcome 20 SPARK recipients to the Annual Meeting this year. The program was created to help generate interest in the A/I specialty by awarding scholarships for residents to attend the Annual Meeting. Recipients receive \$1,500 to help cover the expenses to spend three days (Friday - Sunday) at the meeting.

Allergy Fellows-in-Training (FIT) mentor SPARK Award recipients. Awardees have the opportunity to attend a wide variety of sessions covering all aspects of allergy/immunology and to interact with training directors and other allergists. Past participants rated this experience as very valuable and a key factor in their decision to choose a career in allergy.



This year's SPARK recipients are:

Anam Ashraf, DO • University of Oklahoma College of Community Medicine

Olanike Awotunde • Howard University College of Medicine

Crisjana Bellamy • Howard University College of Medicine

Irene Cofie • Washington University - Meharry

Rachna Dave, MD • Emory University General Pediatric Residency

Lauren Davidson, MD • University of Rochester Medical Center - Internal Medicine

Amber Hardeman, MD • Tulane University Internal Medicine-Pediatrics

Tevon Hood, DO • UT Dell - Pediatric Residency

Jonathan Jalali, MD • Tulane Internal Medicine

Genesis James • Meharry Medical College School of Medicine

Valerie Jaroenpuntaruk, MD • University of Kentucky

Hannah Lee, MD • Internal Medicine-Pediatric Residency at UT Southwestern

Serena Martin, MD • John Hopkins All Children's Hospital

Samantha Nguyen, MD • Kaiser Permanente Oakland Medical Center

Emma Roelke, MD • NYU Long Island School of Medicine

Prabhjot Sekhon, MD • NYC Health and Hospitals/Woodhull (Woodhull Medical Center)

Victoria Shum, MD • Eastern Virginia Medical School

Ammarah Spall, MD • Stony Brook University Hospital

Chang Su, MD • Yale New Haven Hospitals/Woodhull Medical Center

Mariah Tate • Howard University College of Medicine ●

Monday's sessions pack a punch

Cherie Zachary, MD, FAAAAI will present the 2022 Bela Schick lecture at Monday's Plenary - Implementing New Guidelines Into Practice on Monday at 8:00 am. Dr. Zachary's lecture is titled "**Implicit Bias: It Is Not Always What You See.**" Dr. Zachary is in private practice in Eagan, MN.

The annual Bela Schick lecture is named in honor of one of medicine's most respected scientists. Bela Schick was born in Hungary emigrated to the U.S. in 1923. He is best known for his work with Clemens von Pirquet on anaphylaxis and for the test he developed to assess immunity to diphtheria.

Take your pick of other high-yield sessions on Monday:

- Advances in Food Allergy Immunotherapy
- Aspirin Desensitization vs. Biologic Therapy for Patients with AERD
- WAO Forum: New Approaches to Drug Allergies
- How Do I Know if Allergy Shots are Working?
- The Management of COVID For the Allergist/Immunologist
- Infections, Microbiome and Bacteriotherapies in Atopic Dermatitis
- Hybrid Care: The Use of Remote Patient Monitoring in Clinical Practice
- Treatment of Non-TH2 Asthma ●

Don't forget! Download the Annual Meeting app

It's not too late - stay up to date during the meeting

Keep track of symposia, abstracts, social events and more during the Annual Meeting with our mobile app. Download the app to access the full educational program, navigate the meeting with helpful maps, get local information and more.

With the app, you'll be able to:

- Browse sessions to find locations, descriptions, speakers and handouts.

- View maps of the exhibit hall, convention center and headquarters hotel.
- Claim credit.
- Follow along with #ACAAI22 on Twitter.
- And more!

Download the app by searching for "ACAAI" in the App Store or on Google Play, or visit annualmeeting.acaaai.org. ●

The mobile app is supported by Amgen and AstraZeneca.



ASCENIV™ is the only IVIG produced from blending RSV plasma and normal source plasma¹



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1. Data on File, ADMA Biologics.

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Indication

ASCENIV (immune globulin intravenous, human – sIra) is a 10% immune globulin liquid for intravenous injection, indicated for the treatment of primary humoral immunodeficiency (PI) in adults and adolescents (12 to 17 years of age). PI includes, but is not limited to, the humoral immune defect in congenital agammaglobulinemia, common variable immunodeficiency (CVID), X linked agammaglobulinemia, Wiskott-Aldrich syndrome, and severe combined immunodeficiencies (SCID).

Important Safety Information for ASCENIV™

WARNING: THROMBOSIS, RENAL DYSFUNCTION AND ACUTE RENAL FAILURE

Thrombosis may occur with immune globulin intravenous (IGIV) products, including ASCENIV. Risk factors may include: advanced age, prolonged immobilization, hypercoagulable conditions, history of venous or arterial thrombosis, use of estrogens, indwelling central vascular catheters, hyperviscosity, and cardiovascular risk factors. Thrombosis may occur in the absence of known risk factors.

Renal dysfunction, acute renal failure, osmotic nephrosis, and death may occur with the administration of Immune Globulin Intravenous (Human) (IGIV) products in predisposed patients.

Renal dysfunction and acute renal failure occur more commonly in patients receiving IGIV products containing sucrose. ASCENIV does not contain sucrose.

For patients at risk of thrombosis, renal dysfunction or renal failure, administer ASCENIV at the minimum dose and infusion rate practicable. Ensure adequate hydration in patients before administration. Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk for hyperviscosity.

Contraindications

ASCENIV is contraindicated in:

- Patients who have had an anaphylactic or severe systemic reaction to the administration of human immune globulin.
- IgA-deficiency patients with antibodies to IgA and a history of hypersensitivity.

Warnings and Precautions

Severe hypersensitivity reactions may occur with IGIV products, including ASCENIV. In case of hypersensitivity, discontinue ASCENIV infusion immediately and institute appropriate treatment. Patients with known antibodies to IgA may have a greater risk of developing potentially severe hypersensitivity and anaphylactic reactions.

Thrombosis may occur following treatment with immunoglobulin products and in the absence of known risk factors. Consider baseline assessment of blood viscosity in patients at risk for hyperviscosity and ensure adequate hydration before administration. For patients at risk of thrombosis, administer ASCENIV at the minimum dose and infusion rate practicable. Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk for hyperviscosity.

Acute renal dysfunction/failure, osmotic nephrosis, and death may occur upon use of human IGIV products. Ensure that patients are not volume depleted before administering ASCENIV. Periodic monitoring of renal function and urine output is particularly important in patients judged to be at

increased risk of developing acute renal failure. Assess renal function, including measurement of blood urea nitrogen (BUN) and serum creatinine, before the initial infusion of ASCENIV and at appropriate intervals thereafter. Discontinue ASCENIV if renal function deteriorates. In at risk patients, administer ASCENIV at the minimum infusion rate practicable.

Hyperproteinemia, increased serum viscosity, and hyponatremia or pseudohyponatremia may occur in patients receiving IGIV treatment, including ASCENIV. It is critical to clinically distinguish true hyponatremia from a pseudohyponatremia that is associated with or causally related to hyperproteinemia. Treatment aimed at decreasing serum free water in patients with pseudohyponatremia may lead to volume depletion, a further increase in serum viscosity, and a possible predisposition to thrombotic events.

Aseptic meningitis syndrome (AMS) may occur with IGIV treatments, including ASCENIV. AMS usually begins within several hours to 2 days following IGIV treatment. AMS may occur more frequently in association with high doses (2 g/kg) and/or rapid infusion of IGIV. Conduct a thorough neurological examination on patients exhibiting signs and symptoms of AMS, including cerebrospinal fluid (CSF) studies, to rule out other causes of meningitis.

IGIV products, including ASCENIV, may contain blood group antibodies that can act as hemolysins and induce in vivo coating of red blood cells (RBCs) with immunoglobulin, causing a positive direct antiglobulin reaction and hemolysis. Monitor patients for clinical signs and symptoms of hemolysis, including appropriate confirmatory laboratory testing.

Non-cardiogenic pulmonary edema may occur with IV administered IG. Monitor patients for pulmonary adverse reactions. If suspected, perform appropriate tests for presence of anti-neutrophil in both product and patient serum. May be managed using oxygen therapy with adequate ventilatory support.

Because ASCENIV is made from human blood, it may carry a risk of transmitting infectious agents, e.g., viruses, the variant Creutzfeldt-Jakob disease (vCJD) and theoretically, the Creutzfeldt-Jakob disease (CJD) agent. All infections suspected by a physician to possibly have been transmitted by this product should be reported to ADMA Biologics at **(1-800-458-4244)**.

After infusion of immunoglobulin, the transitory rise of the various passively transferred antibodies in the patient's blood may yield positive serological testing results, with the potential for misleading interpretation. Passive transmission of antibodies to erythrocyte antigens (e.g., A, B, and D) may cause a positive direct or indirect antiglobulin (Coombs') test.

Adverse Reactions

The most common adverse reactions to ASCENIV (≥5% of study subjects) were headache, sinusitis, diarrhea, gastroenteritis viral, nasopharyngitis, upper respiratory tract infection, bronchitis, and nausea.

You are encouraged to report side effects of prescription drugs to ADMA Biologics @ 1-800-458-4244 or the FDA. Visit www.fda.gov/MedWatch or call 1-800-FDA-1088.

For additional safety information about ASCENIV, please see full Prescribing Information.



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**Thank you for attending our non-CME
product theater and participating in the
discussion about ORLADEYO!**

As a reminder, the product theater content and views expressed therein do not necessarily reflect the views, policies, or positions of the American College of Allergy, Asthma, and Immunology.

Intended for US healthcare professionals only.